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Mar 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000028420 (3)

1. Corporation Name
SHOFFLER ENTERPRISES, INC.



Principal Place of Business
1924 S.E. 32ND TERRACE
CAPE CORAL FL 33904

Mailing Address
1924 S.E. 32ND TERRACE
CAPE CORAL FL 33904-4420

3. Date Incorporated or Qualified
03/26/1996

3a. Date of Last Report

2. Principal Place of Business
21 1231 LAFAYETTE ST
City & State
22

2a. Mailing Address
26 1231 LAFAYETTE ST
City & State
27

4. FEI Number
65 0654742
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

23 CAPE CORAL FL
City & State
24 33904
Zip
25 USA
Country

28 CAPE CORAL FL
City & State
29 33904
Zip
30 USA
Country

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHOFFLER, GLENN A
1924 S.E. 32ND TERRACE
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Glenn Shoffler* Glenn Shoffler - President 3/25/97
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	SHOFFLER, GLENN A	1924 S.E. 32ND TERRACE	CAPE CORAL FL 33904
D	SHOFFLER, PAM A	1924 S.E. 32ND TERRACE	CAPE CORAL FL 33904

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
1.1	1.2	1.3	1.4
2.1	2.2	2.3	2.4
3.1	3.2	3.3	3.4
4.1	4.2	4.3	4.4
5.1	5.2	5.3	5.4
6.1	6.2	6.3	6.4

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Glenn Shoffler* Glenn Shoffler President 3/25/97
Date Daytime Phone #

CR2E034 (9/96)